

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	104	70541	4/28
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	JAB	66902	5-10-99

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	6/10
2	7/11
3	8/12
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Claim	Date
Final Original	
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Claim	Date
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If more than 150 claims or 10 actions  
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